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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Report of the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona

Addendum

Mission to the Republic of Moldova (8–14 September 2013)* **

Summary

The Special Rapporteur on extreme poverty and human rights conducted an official visit to the Republic of Moldova from 8 to 14 September 2013. In the present report, the Special Rapporteur outlines the challenges facing the Republic of Moldova in implementing measures to tackle poverty and in ensuring the rights of those living in poverty in the country.

The Republic of Moldova ranks as one of the poorest countries in Europe at a time when the cost of essential goods and services is steadily on the rise. The Special Rapporteur was concerned at the widening gap between urban and rural areas, the disproportionate vulnerability of certain groups as well as obstacles to poverty reduction, such as corruption and gaps in policy implementation.

The report contains recommendations aimed at ensuring that relevant policies and programmes are implemented so as to enable those living in extreme poverty to enjoy their human rights on an equal basis with the rest of the population.

* Late submission.

** The summary of the present report is circulated in all official languages. The report, which is annexed to the summary, is circulated in the language of submission only.

Annex

[English only]

Report of the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona, on her mission to the Republic of Moldova (8–14 September 2013)

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I. Introduction

1. Pursuant to her mandate, contained in Human Rights Council resolution 17/13, and at the invitation of the Government, the Special Rapporteur on extreme poverty and human rights, Magdalena Sepúlveda Carmona, undertook a visit to the Republic of Moldova from 8 to 14 September 2013. During the visit the Special Rapporteur collected first-hand information on the situation of people living in poverty in order to conduct a human rights-based analysis of key public policies relating to poverty alleviation, development and social protection.

2. During her visit, the Special Rapporteur met with the Deputy Minister of Foreign Affairs and European Integration; the Deputy Minister of Education; the Deputy Minister of Health; the Deputy Minister of Labour, Social Protection and the Family; the Deputy Minister of Justice; and the Adviser to the Prime Minister on social protection. She also met with members of the de facto authorities of the Transnistrian region,[1] namely the de facto ministers of foreign affairs and of social protection.

3. The Special Rapporteur also met with the pilot Ombudsperson for Psychiatry and representatives of the Centre for Human Rights of Moldova, as well as with representatives of international organizations, donor agencies, financial institutions and a range of civil society organizations. In addition, she visited communities living in poverty and spoke with persons living in poverty in the Chisinau, Calarasi, Balti, Briceni and Drochia districts, as well as in Bender and Tiraspol on the left bank of the Nistru River. She visited several health-care facilities and residential institutions (*internats*), including neuropsychiatric residential institutions in Balti and Bender districts, as well as the tuberculosis and narcopsychiatric units of the Balti Psychiatric Hospital in Pavlovca village, Briceni district. The Special Rapporteur also visited the Centre for Temporary Placement of Foreigners, in Chisinau.

4. The Special Rapporteur wishes to thank the Government of the Republic of Moldova for its excellent cooperation during her visit. She appreciated the spirit of openness which enabled her to engage in dialogue with the authorities. The Special Rapporteur is also grateful to the Office of the United Nations Resident Coordinator, in particular, the Human Rights Adviser delegated by the Office of the United Nations High Commissioner for Human Rights (OHCHR), in Moldova, for support and assistance with the mission. She would like to express her sincere gratitude to everyone who took the time to meet with her as their contributions were invaluable to the success of her visit. The Special Rapporteur is especially grateful to all those who shared their personal experiences of struggling with the plight of poverty and social exclusion.

II. General context

5. Since independence in 1991, the Republic of Moldova has faced a number of political, economic and demographic challenges, including separatist conflicts, the global economic crisis and natural disasters, such as drought. Over the past decade, the Republic of Moldova achieved important economic growth, with reported average gross domestic product (GDP) growth of 5.05 per cent annually between 2000 and 2011.[2] The country

[1] Reference to the de facto authorities of the Transnistrian region does not imply recognition of their legitimacy or of any legal status of the disputed territory.

[2] United Nations Development Programme (UNDP), *National Human Development Report 2012: European Aspirations and Human Development of the Republic of Moldova* (Chisinau, 2012), p. 19.

achieved a remarkable reduction in poverty, from 30.2 per cent in 2006 to 16.6 per cent in 2012. According to the National Bureau of Statistics, 1.5 per cent of the population, some 38,000 persons, lived in extreme poverty in 2010.[3]

6. The Republic of Moldova still faces poverty issues across most of the country. Moreover, the benefits of economic growth have not been widely shared, in geographic and social terms.[4] There is a widening gap between urban and rural areas and some groups remain at the margins or are excluded from social, political and economic processes.[5]

7. It is estimated that around 600,000 Moldovans, one fourth of the country's workforce, reside abroad.[6] Many Moldovan families depend on remittances from family members working abroad, which, at their peak in 2008, accounted for 38.3 per cent of the GDP of the Republic of Moldova.[7] Economic growth based on remittances is not only unsustainable but a non-inclusive development model, as individuals from the poorest families generally cannot afford to emigrate. Moreover, this approach hides the enormous sacrifices of those who are forced to leave to seek better opportunities and the dramatic impact on those left behind, particularly children and older persons.

8. Life expectancy in the Republic of Moldova is among the lowest in Europe, particularly for men, and in the past decade, the gap in life expectancy between rural and urban areas has reportedly more than doubled.[8] The incidence of HIV/AIDS has increased since 2000; tuberculosis, in particular multi-drug-resistant tuberculosis, is at very troubling levels and there has been a decline in enrolment rates in general mandatory education.[9] In rural areas, children with disabilities and Roma children have a much lower enrolment rate in preschool education than the rest of the population and face very strong stigma leading to discrimination, which puts them in a disadvantaged position from an early age.[10] Women continue to have limited economic opportunities compared with men, despite important recent progress towards equality in education. Gender-based violence and women's representation in decision-making positions remain critical challenges.

9. The Republic of Moldova continues to rank at lower levels on the global Human Development Index, ranking 113th out of 187 countries in 2012.[11] People living in poverty face severe hardship, at a time when the cost of essential goods and services has been steadily on the rise.[12] Certain groups are disproportionately likely to live in poverty, including older persons, persons with disabilities, single- or child-headed households, the Roma community, those recently returned from work abroad or after being trafficked and persons living with HIV/AIDS, particularly in rural areas. Many Moldovans struggle to

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[3] Thomas Otter and Natalia Vladicescu, "Impact of cash transfers on poverty and well-being of the most vulnerable families in the Republic of Moldova, within the context of transition from category-based to means-tested social assistance", Final report (Chisinau, United Nations Children's Fund (UNICEF) 2011), p. 33.

[4] UNDP, *National Human Development Report 2012* (see footnote 2), p. xvi.

[5] Ibid., p. xvii.

[6] International Organization for Migration (IOM) Moldova, "Frequently asked questions – Moldova, migration, trafficking", March 2013.

[7] European Commission, "Social Impact of Emigration and Rural-Urban Migration in Central and Eastern Europe", Final Country Report Moldova (April 2012), p. 14.

[8] UNDP, *National Human Development Report, 2012*, pp. 23 and 24.

[9] Republic of Moldova, *Third Report on Millennium Development Goals* (Chisinau, 2013), p. 35.

[10] UNDP, *National Human Development Report 2012*, pp. 25–27.

[11] UNDP, *Human Development Report 2013: The Rise of the South: Human Progress in a Diverse World* (New York, 2013), pp. 143 and 145.

[12] The Economist Intelligence Unit, "Country Report Moldova, 3rd quarter 2013" (London, July 2013), p. 26.

enjoy economic, social and cultural rights, such as the rights to adequate food, education and heath.

III. Legal and institutional framework

10. Title II of the Moldovan Constitution adopted in 1994 contains detailed provisions on political, civil, economic, social and cultural rights. Article 16(2) declares that "all citizens of the Republic of Moldova shall be equal before the law and public authorities, regardless of race, nationality, ethnic origin, language, religion, sex, opinion, political affiliation, property or social origin".

11. The Republic of Moldova has affirmed its commitment to the promotion and protection of human rights by ratifying seven major international human rights treaties, as well as several optional protocols. The 2010 ratification of the Convention on the Rights of Persons with Disabilities has provided an important context for potential reform in a number of areas. The Republic of Moldova successfully engaged with various United Nations human rights mechanisms, including the universal periodic review process in 2011, and extended a standing invitation to all special procedures mandate holders in 2010.

12. The Special Rapporteur is concerned that the Republic of Moldova has not ratified a number of complaints and inquiry mechanisms, including those provided for under the optional protocols to the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of Persons with Disabilities, and articles 21 and 22 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, and she calls on the State to do so as a matter of priority. The Special Rapporteur further encourages the State to ratify the Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

13. The Republic of Moldova has adopted important legislation, including the 2012 Law on Ensuring Equality, the 2008 Law on Preventing and Combating Family Violence, the 2006 Law on Ensuring Equal Opportunities for Men and Women and the 2012 Law on the Social Inclusion of Persons with Disabilities.

14. The Republic of Moldova has incorporated many relevant international recommendations into its National Human Rights Action Plan as well as into government action plans on Roma inclusion. It has also incorporated most of the recommendations made by the Committee on Economic, Social and Cultural Rights in 2011 into a government action plan.

15. The Special Rapporteur has noted the State's efforts to reform the Centre for Human Rights of Moldova, its B-status national human rights institution. The Special Rapporteur urges the State to follow the guidance provided by the United Nations system, with a view to establishing an independent national human rights institution in compliance with the Paris Principles.

16. The Special Rapporteur also urges the Government to establish an independent monitoring body on the rights of persons with disabilities, as provided for in article 33, paragraph 2, of the Convention on the Rights of Persons with Disabilities. The Special Rapporteur notes that the Government has instituted a pilot Ombudsperson for Psychiatry, who is empowered to ensure human rights oversight in institutions under the Ministry of Health. The Ombudsperson has not yet been budgeted for and is being financed during the pilot phase by the United Nations country team. The Special Rapporteur was favourably impressed by the positive changes and human rights scrutiny made possible by this arrangement.

IV. General challenges

A. Gaps in policy implementation

17. The Republic of Moldova has a robust legal framework for combating poverty and promoting human rights, but there are severe implementation gaps in almost all social policies. Laws and policies lack systematic implementation and accountability mechanisms.

18. There is a general lack of monitoring and evaluation of the policies in place, limited impact assessment and a general lack of disaggregated data in a number of key areas.[13] It is therefore difficult to properly evaluate the impact of several measures taken by the State.

19. Adequately informing the population about laws and plans of action is equally important to ensure their effective implementation. When speaking with persons and communities living in poverty, the Special Rapporteur noted that many did not have correct information about their rights and benefits under policies that directly affect their lives.

20. The Special Rapporteur reiterates the importance of implementing a multisectoral strategy and the need to establish mechanisms to ensure coordination and accountability.

B. Corruption

21. In 2012, the Republic of Moldova ranked 94 out of 176 countries globally on the Corruption Perceptions Index.[14] Corruption is a major obstacle to reducing poverty as it impedes economic growth and discourages foreign investment. More importantly, corruption has a devastating impact on the poorest people in society because it distorts public policies and diverts resources that could be invested in public infrastructure and services that are essential elements of poverty eradication strategies.

22. The State must manage its resources in a transparent manner and be accountable for the management of public funds, as a sine qua non for democracy and the effective exercise of human rights and inclusive social development. In particular, social protection systems must be accompanied by independent and effective transparency, accountability and redress mechanisms, which will not only enhance protection for beneficiaries, but also improve the efficiency of social programmes, minimize waste and mismanagement and strengthen public support.

V. Situation of groups particularly vulnerable to poverty

23. The Special Rapporteur identified the following groups as being particularly vulnerable to poverty and requiring specific initiatives to overcome the impact of economic deprivation and social exclusion.

A. Women and girls

24. Although the Constitution and legal framework of the Republic of Moldova include extensive guarantees of women's rights, many women face significant challenges,

[13] E/C.12/MDA/CO/2, para. 6.

[14] Transparency International, *Corruption Perceptions Index 2012*, available from http://cpi.transparency.org/cpi2012/results/.

including lack of access to decent work, unequal remuneration, lack of representation at the political and decision-making levels, exposure to gender-based violence and trafficking. Women and girls with disabilities, Roma women and girls, lesbian, bisexual and transgender women, single mothers, older women and women living in rural areas face particular exclusion, stigmatization and discrimination, which often prevents them from lifting themselves out of poverty and impedes their access to public services.

25. A 2011 study found that 63.4 per cent of women aged 15 or older in the Republic of Moldova had experienced physical, psychological or sexual violence from an intimate partner during their lifetime.[15] In recent years, the Republic of Moldova has been found in violation of the European Convention on Human Rights in cases concerning failure to protect women and girls from domestic violence, inadequate investigation of rape and coercive sterilization. In addition, in 2013, the Committee on the Elimination of Discrimination against Women was "particularly concerned" about reports of practices of coercive sterilization, affecting in particular women with disabilities, women in rural areas and Roma women.[16] Indeed, the Ministry of Health has not yet made adequately clear to medical practitioners that, in accordance with international law, there are no legitimate grounds for contraceptive sterilization other than the free and informed consent of the women concerned.[17] Women will remain exposed to a high risk of having these procedures performed on them until the Republic of Moldova develops clear public guidance in conformity with international law and widely publicizes the rules in force and provides guidance in this area.

26. Poverty pushes women to seek employment abroad, where, as migrant workers, they face increased vulnerability to trafficking, exploitation or other forms of abuse. Women emigrants face additional stigmatization, discrimination and abuse upon their return from working abroad, owing to prevalent assumptions that they were working as sex workers. It is a vicious cycle for women, given that up to 90 per cent of trafficked women have reported that they had also been victims of domestic violence.[18] These and other factors, such as lack of adequate child-care facilities or care support for family members with disabilities, which usually falls on women's shoulders, create conditions for the increasing feminization of poverty.

27. The Special Rapporteur commends the important legislative commitments made by the State, including the Law on Preventing and Combating Family Violence, the Law on Combating Trafficking, the Law on Ensuring Equality and the Law on Equal Opportunities for Men and Women. The Republic of Moldova has also adopted a policy framework to address human trafficking, including the National Action Plan for the Prevention and Combating of Trafficking in Human Beings and the National Referral System for the Assistance and Protection of Victims and Potential Victims of Trafficking. However, owing to lack of allocated financial resources, monitoring and evaluation, as well as clear accountability and redress mechanisms, the impact and effectiveness of those laws and policies is thus far questionable. In practice, few, if any, women have received remedies in accordance with international law standards for harm suffered due to gender discrimination

[15] Republic of Moldova, National Bureau of Statistics, *Violence against Women in the Family in the Republic of Moldova,* 1st ed. (Chisinau, UNDP, UN-Women, UNFPA, 2011).

[16] CEDAW/C/MDA/CO/4-5, para. 31.

[17] Ibid., para. 32 (a); see also Isabela Mihalache and Sergui Rusanovschi, *Study on the Situation of Romani Women and Girls in the Republic of Moldova* (Chisinau, UN-Women, UNDP and Office of the United Nations High Commissioner for Human Rights (OHCHR), 2014), p. 77.

[18] See UN-Women Moldova, *Violence against Women in the Republic of Moldova: key facts*, Infographic, 2011; also Anna Kontula and Elina Saaristo, "Countering trafficking in Moldova" (Chisinau, IOM, 2009).

and there is a high degree of scepticism among women about the possibilities of legal redress for gender-based discrimination or violence.

28. During 2010 and 2011, the Republic of Moldova made some progress towards achieving Millennium Development Goal 3 and women's representation in local decision-making positions increased. However, women comprised 19.2 per cent of the total number of Members of Parliament in 2012. At the central executive level, out of 16 ministers, only four are women.[19] Women from stigmatized groups, in particular Roma women and women with disabilities, are almost completely absent from positions of elected representation at all levels.

29. In addition to the demonstrated lack of parity in political participation, women generally have lower status and occupy lower paid jobs than men. Furthermore, women of reproductive age are often denied employment, as employers are often reluctant to bear the costs associated with maternity leave.

30. The Special Rapporteur urges the Government to urgently tackle those barriers; gender equality is not only required by human rights standards, but is also a broad driver of economic growth and development.[20]

B. Children and youth

31. Under its human rights obligations, in particular the Convention on the Rights of the Child, the Republic of Moldova has the obligation to protect and promote the rights of all children in its territory, without discrimination of any kind and irrespective of the sex, race, national origin, ethnicity or other status of the child or his or her parents.

32. Some 28.2 per cent of Moldovan children live below the poverty line.[21] Child poverty in rural areas, where two thirds of children live, is three times higher than in urban areas.[22] In addition, in 2010, 45 per cent of families with children from the poorest quintile did not receive social transfers.[23]

33. Economic migration has left about 100,000 Moldovan children living without their parents. Their education and development are often entrusted to their grandparents or other relatives; in some cases, they have to fend for themselves and even head entire households. Those circumstances make children highly vulnerable to poverty. In addition, children living in poverty are very likely to skip school or drop out entirely, have difficulty accessing health care and nutritious food, may be subjected to marginalization, discrimination and trafficking, and lack effective and adequate care.

34. There have been improvements in children's enjoyment of their right to health; for example, the under-five mortality rate fell by about 8.1 per cent between 2000 and 2009. However, the share of underweight newborn children actually increased from 4.3 per cent in 2000 to 5.3 per cent in 2008. Children's right to health is also compromised. While all children are insured under the compulsory health insurance scheme, a quarter of households with children were still outside the health insurance system in 2009 and some socially

[19] Republic of Moldova, *Third Report on Millennium Development Goals* (Chisinau, 2013), p. 41.

[20] International Bank for Reconstruction and Development/World Bank, *Women, Business and the Law 2014: Removing Restrictions to Enhance Gender Equality*, Key findings (Washington, 2013), p. 22.

[21] UNICEF Moldova, *Facts and Figures about children in Moldova*. Available from http://www.unicef.org/moldova/overview_11752.html.

[22] Ibid.

[23] Thomas Otter and Natalia Vladicescu, "Impact of cash transfers on poverty and well-being of the most vulnerable families" (see footnote 3), p. 15.

excluded children are unlikely to receive health care. Those who require special and regular medical attention, including children with cystic fibrosis, spina bifida or other curable or manageable diseases, lack effective access to adequate services or medication, and their parents are required to make (often large) out-of-pocket payments to meet their children's health-care needs. Indeed, out-of-pocket costs for children's health and education are a major concern for many parents.[24]

35. Children with mental or physical disabilities are too often unnecessarily institutionalized, which harms their health and impedes the effective exercise of a range of fundamental human rights, including those covered by articles 3 and 9 of the Convention on the Rights of the Child, as well as their development and social integration. Approximately 7,000 children live in residential institutions;[25] studies consistently demonstrate that young people raised in institutions are at a much greater risk of unemployment and homelessness or adult institutionalization, sexual exploitation, trafficking and even suicide, than their peers raised in families.[26]

36. Despite a decrease of over 50 per cent in the overall number of children in residential institutions, since the start of the reform of the residential care system for children in 2007, the reform has had almost no impact on children with disabilities, who represent over 50 per cent of all children in residential care, or on children under 3 years. Family support and community-based services are still lacking.[27] Concerted efforts in this regard are essential, as well as efforts to foster inclusion, acceptance and non-discrimination in the receiving communities.

37. The Special Rapporteur calls on the State to fully involve young people in its development and poverty-reduction strategies, including through the development of a comprehensive and adequately funded national youth strategy that addresses all of the above-mentioned issues.

C. Older persons

38. Older persons constitute 14 per cent of the population of the Republic of Moldova.[28] As with children, older persons are often vulnerable as their well-being depends on their families and the social protection system. Furthermore, older persons are disproportionately affected by economic emigration as they often have to bear the burden of caring for their grandchildren or other relatives on an already overstretched minimal pension.

39. Pension levels in the Republic of Moldova are far below the minimum subsistence level. In 2013, the average retirement pension was reportedly MDL 1,049 (about US$ 75) per month, while the average disability pension was only MDL 826 (about US$ 60). This is manifestly insufficient to cover food, fuel and basic necessities. Pensions must allow for the enjoyment of the right to an adequate standard of living, as set forth in the International Covenant on Economic, Social and Cultural Rights.

40. Older persons have a high need for regular access to health services and costly medicines.[29] The Special Rapporteur received reports that, on many occasions, medical

[24] Ibid., pp. 9–20.
[25] Ibid., p. 9.
[26] Lumos Moldova, Briefing to the Special Rapporteur, 9 September 2013.
[27] E/C.12/MDA/CO/2, para. 15.
[28] HelpAge International and UNICEF *Staying behind: the effects of migration on older people and children in Moldova*, National study (Chisinau, 2010), p. 25.
[29] Ibid.

facilities demand out-of-pocket payments, claiming that certain services and/or medicines are not covered by the Single Medical Insurance Scheme. The Committee on the Elimination of Discrimination against Women has also expressed concern about the limited access by older women to health care.[30]

41. Many older persons living in rural areas do not have adequate access to water and sanitation, heating, flooring or roofing. Their daily hardships and isolation are further exacerbated in the cold season when roads are covered with snow and walking becomes difficult and dangerous. The Special Rapporteur urges the Government to redouble its efforts to address those problems.

D. Persons with disabilities

42. The Convention on the Rights of Persons with Disabilities, to which the Republic of Moldova became a party in September 2012, necessitates a paradigm shift in the treatment of persons with disabilities in the Republic of Moldova.

43. The Special Rapporteur visited several neuropsychiatric residential institutions and psychiatric hospitals and was appalled at some of the conditions. She was extremely troubled by the fact that the system in place favours the exclusion of persons with disabilities from society, in particular persons with mental or intellectual disabilities, and that no serious efforts are made towards their integration and no direct support is provided to care-giving families or other trusted supporters. Although some coordination efforts have been made in line with article 33, paragraph 1, of the Convention, there is as yet no independent mechanism to promote, protect and monitor the implementation of the Convention, as specified in article 33, paragraph 2, thereof.

44. Article 19 of the Convention guarantees the right of persons with disabilities to live independently and be fully included in the community. Legislation, policies and practices that give rise to the institutionalization of persons with disabilities on the grounds of their disability must be abolished.[31] As stated by the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, there can be no therapeutic justification for the use of prolonged restraint of persons with disabilities in psychiatric institutions. Both prolonged seclusion and the use of restraints may constitute torture and ill-treatment[32] and reinforce severe exclusion, leading to extreme poverty.

45. The Special Rapporteur is concerned about the impact of the plenary guardianship provisions in the Moldovan Civil Code and the recent increase in persons placed under guardianship.[33] Placement under guardianship, which is generally linked with so-called "incapacitation" measures, involves placing a person in the formal legal care of another person or institution. A person placed under guardianship — frequently a person with mental or intellectual disabilities — loses all standing before the law and cannot engage in even the most basic social and legal acts, such as marriage, voting, claiming social benefits, consenting to or refusing medication. Persons placed under guardianship also have no standing to appeal the guardianship measure. Guardianship and incapacitation measures are

[30] CEDAW/C/MDA/CO/4-5, para. 31.

[31] A/HRC/10/48, paras. 48–49.

[32] A/63/175, paras. 55–56.

[33] OHCHR, "The system of guardianship in practice in the Republic of Moldova: human rights and vulnerability of persons declared incapacitated", study coordinated by Ludmila Ciocan (Chisinau, 2013), p. 3.

incompatible with the Convention on the Rights of Persons with Disabilities, in particular article 12.[34]

46. The Special Rapporteur understands that the State is examining its guardianship policy with a view to reforming it in the light of the Convention on the Rights of Persons with Disabilities, as part of the National Human Rights Action Plan 2011-2014. A working group has reached a consensus on a draft law on supported decision-making, but this has not yet been circulated for formal consultation.

47. The Special Rapporteur calls on the Government to immediately undertake reform in line with the Convention on the Rights of Persons with Disabilities. She calls on the State to both adopt the draft law on supported decision-making and remove provisions on guardianship from the Civil Code. She welcomes the recent decision of a court in the southern Moldovan city of Cahul not to place a person under guardianship, citing obligations under article 12 of the Convention.

48. The Special Rapporteur welcomes the institution of the pilot Ombudsperson for Psychiatry as a first step in dealing with the often inhumane and unlawful treatment of persons living in institutions. She calls on the Government to swiftly formalize the post and ensure that the mandate is fully independent and provided with adequate resources. The Ombudsperson mandate should be extended to cover residential institutions under the Ministry of Labour, Social Protection and the Family, and access to the Ombudsperson should be ensured for all institutions under the mandate. The Special Rapporteur is concerned at reports of ongoing difficulties regarding effective access by the Ombudsperson to the Chisinau (Costujeni) Psychiatric Hospital.

49. The Special Rapporteur received reports that severe abuses, such as neglect, mental and physical abuse and sexual violence, continue to be committed against people with psychosocial and intellectual disabilities in residential institutions and psychiatric hospitals. She was concerned about the lack of sexual and reproductive health care in the institutions that she visited, as well as unsanitary and unhygienic conditions. In 2012, the Institutional Ombudsman of Psychiatric Hospitals reported that forced abortions in psychiatric and social care institutions were a common measure to prevent births which were deemed unwanted by institutional staff, in the absence of accessible information about reproductive and sexual health and contraception.[35] The women concerned were victims of multiple forms of discrimination, in breach of both the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities. The Special Rapporteur is aware of ongoing criminal proceedings pursuant to the allegations of 19 women concerning serial sexual assault, including rape, over a period of years, at the Balti neuropsychiatric residential institution.[36] She is concerned at the slow pace of the proceedings, which were initiated in March 2013. The Special Rapporteur is also very concerned at the decision of prosecutors not to open criminal proceedings in respect of allegations made in 2013 of sexual abuse of residents at the Cocieri neuropsychiatric residential institution, apparently on the grounds that, inter alia, their disability made them unreliable complainants. The Special Rapporteur notes that reports of sexual abuse by staff in neuropsychiatric residential institutions, including the Cocieri institution, had been brought to the attention of the Government since at least 2008, when

[34] Ibid., p. 2.

[35] Report of the Institutional Ombudsman of Psychiatric Hospitals, 2012, referred to in the Mental Disability Advocacy Center submission to the Committee on the Elimination of Discrimination against Women, 13 September 2013, para. 10.

[36] See Cases 1-701/2013 and 1-563/2013, Florea Stanislav Ion accused of breaching article 171 (Rape) of the Criminal Code.

the Council of Europe Committee for the Prevention of Torture first raised concerns.[37] The Special Rapporteur urges the Government to ensure that all perpetrators of sexual assault and other forms of abuse are brought swiftly to justice.

50. At the end of her mission to the Republic of Moldova in September 2013, the Special Rapporteur urged the Government to ensure the immediate closure of the tuberculosis and the narcopsychiatric units of the Balti Psychiatric Hospital in Pavlovca village, Briceni district, and the reintegration of the patients into their communities. She is concerned to learn that the Pavlovca institution has not been closed, but rather converted into another institution. Although the new institution is nominally for palliative care purposes, patients institutionalized there apparently include persons with dementia and/or no community support. It is unclear if anyone was actually de-institutionalized from the psychiatric hospital or whether the patients were merely transferred to other institutions. The Special Rapporteur again urges the Government to close the Pavlovca institution without delay and ensure that the persons institutionalized there are reintegrated into the life of their communities, in line with article 19 of the Convention on the Rights of Persons with Disabilities.

51. The Special Rapporteur understands that the State is currently developing a de-institutionalization strategy for adults, including a law on the social inclusion of people with disabilities, which provides for the monitoring of the implementation of national policies and promotion of the social integration of persons with disabilities to be carried out by the National Council on the Rights of Persons with Disabilities. She urges the Government to complete work on the strategy in the shortest possible time and to ensure that its provisions are implemented swiftly with a view to complying with the Convention on the Rights of Persons with Disabilities.

E. Roma

52. Despite the provisions on equality and non-discrimination in the Moldovan Constitution and the Law on Ensuring Equality, the Roma are still stigmatized, discriminated against and marginalized. The Special Rapporteur visited Roma communities living in destitution and isolation, and was concerned at their general housing conditions, including the absence of running water, sanitation facilities, heating and, in some cases, even electricity.

53. The Special Rapporteur met with Roma women who were eager to take up jobs, but who were unable to do so because child care for preschool children was only available for a few hours a day, if at all, in their localities. In some cases, they were unable to send their children to school owing to a lack of shoes or inability to pay the informal costs requested by schools. Many of their husbands were working abroad, but were earning too little to send remittances home. These empirical findings were supported by a number of similar reports.

54. Despite some positive measures taken by the Government, the Special Rapporteur remains concerned about the lack of access to information by the Roma community, which seems to be hampering the exercise of their rights. It is the duty of the State to ensure that its population has access to information through channels that are physically accessible and culturally appropriate.

[37] Council of Europe, Report to the Government of the Republic of Moldova on the visit to the Republic of Moldova carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 14 to 24 September 2007, CPT/Inf (2008) 39, 4 December 2008, paras. 147–169.

55. Another concern is the lack of Roma participation in political life. The Special Rapporteur learned, for example, that there is not a single Roma woman in any position of elected representation in the Republic of Moldova. Although the Ministry of Justice has registered a Roma party which has participated in elections, due to stigma and exclusion, Roma have to date been excluded from electable positions in all of the mainstream parties. There is only a handful of Roma in elected positions anywhere in the Republic of Moldova, and few, if any, Roma civil servants. Critical challenges that impede Roma enjoyment of the rights to housing, education and work will persist unless they are given opportunities to participate in political life on equal terms. That should be a priority in the development of policies.

56. The Special Rapporteur commends the Republic of Moldova for introducing mediators in Roma communities throughout the country. While some mediators are already working, the target of 15 mediators by the end of 2013 has not been met. The Special Rapporteur was informed that the complete planned network of 48 mediators will not be in place until the end of 2014. At least one locality has refused outright to engage a mediator. Insofar as the mediators are envisioned as a first step towards Roma inclusion, this beginning is inauspicious. The Special Rapporteur calls on the local authorities to engage mediators in full compliance with the principles of transparency, meaningful and effective participation of the relevant communities, access to information and accountability. Noting that 2014 and 2015 are election years in the Republic of Moldova, the Special Rapporteur also calls for strengthened efforts on the part of the Government to include Roma, in particular Roma women, in the election processes, including as candidates for electable positions on party lists. She further calls on the Government to provide adequate resources for the implementation and monitoring of all policies to ensure that the Roma can enjoy their rights on an equal basis with the rest of the population.

57. During her visit, the Special Rapporteur saw evidence of the segregation of Roma children in schools, which is illegal under international human rights law. Such segregation reflects the insufficient attention paid to barriers to inclusion in mainstream schools that is imposed by school management and non-Roma families. The Special Rapporteur calls on the Government to quickly integrate all schools, including those in Otaci, Tibirica, Stejareni/Lozova and Parcani/Racula, with the support of adjunct measures, so as to facilitate the effective inclusion of Roma children.

F. Population in the Transnistrian region

58. The Special Rapporteur observed that the dynamics of poverty did not differ significantly in the Transnistrian region. However, she noted that those living in poverty in the region faced additional challenges, especially with regard to isolation from international development assistance. Nevertheless, the Special Rapporteur notes that, pursuant to discussions with the Government of the Republic of Moldova and the United Nations High Commissioner for Human Rights during her visit to the Republic in November 2011, a United Nations Senior Expert was appointed to study human rights issues in the Transnistrian region on the left bank of the Nistru River and to propose recommendations for action in that regard. His February 2013 report includes a broad range of recommendations for strengthening the human rights of persons living in poverty in the Transnistrian region.[38]

[38] Thomas Hammarberg, "Report on human rights in the Transnistrian region of the Republic of Moldova", 14 February 2013.

59. Women in the Transnistrian region face similar challenges to women elsewhere in the Republic of Moldova, including a high risk of domestic violence.[39] The Special Rapporteur was informed that a draft law on combating domestic violence has been pending in the Supreme Soviet for months. She calls on the de facto authorities to act without further delay to bring the legal framework in effect in the Transnistrian region into conformity with international law in relation to domestic violence.

60. The Special Rapporteur also urges the de facto authorities to begin the de-institutionalization of adults with disabilities and to remove provisions on guardianship from the Transnistrian legal framework.

61. The Special Rapporteur met with farmers who had lost the rights to their land in the process that ended collective farming in the 1990s and early 2000s. The farmers have been deprived of a subsistence income as a result of being dispossessed of their land and they have effectively been prevented from seeking justice owing to changes in the relevant regulations. The Special Rapporteur calls on the de facto authorities to take measures to restore land titles to farmers who were dispossessed of land in the changes that took place over the past two decades.

62. Finally, the Special Rapporteur calls on the de facto authorities of the Transnistrian region, the Government of the Republic of Moldova and the international community to address the recommendations contained in the Senior Expert's report in a comprehensive manner and to act without delay towards their implementation.

VI. Challenges to the enjoyment of specific rights by those living in poverty

63. While persons living in poverty face challenges in relation to a wide range of rights, in this section the Special Rapporteur addresses those rights that she perceives as being particularly challenging.

A. Right to health

64. Under article 12 of the International Covenant on Economic, Social and Cultural Rights, the Republic of Moldova has the obligation to respect, protect and fulfil the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. This includes the obligation to ensure that health facilities, goods and services are accessible to everyone, especially the most vulnerable or marginalized sections of the population, without discrimination.

65. In the Republic of Moldova, 50 per cent of all hospitals are located in Chisinau. Some rural primary health-care facilities reportedly do not meet national standards in terms of infrastructure and availability of equipment, essential medicines and specialists.[40] The Special Rapporteur urges the Government to strengthen efforts to improve access to affordable good quality health-care services in rural areas. She also calls on the Government to take immediate measures to ensure that the right to free and informed consent for any intervention in the health field is fully respected at all levels.

[39] Ibid., pp. 28–29.

[40] World Health Organization (WHO), Regional Office for Europe, "Barriers and facilitating factors in access to health services in the Republic of Moldova", Health Policy Paper Series No. 9 (Copenhagen, 2012), p. 13.

66. In general, Moldovans perceive that those living in poverty face the most discrimination in accessing their right to health, owing to their inability to pay, unemployment, lack of medical insurance and their inability to pay extra out-of-pocket costs.[41] The Special Rapporteur is concerned that many parents from vulnerable groups are not aware that children are insured by the State, and they do not seek necessary medical attention for their children because they cannot afford to pay.

67. Persons living in poverty who suffer compound discrimination based on gender, ethnicity (in particular Roma), sexual orientation or gender identity, age or health status experience additional challenges. For example, women with HIV/AIDS have been denied prosthetic operations on apparently pretextual grounds, and there have been repeated reports of ambulances not coming, or arriving after undue delay, in Roma settlements or in response to calls from older persons. Abortion and contraception have only limited coverage in the basic health insurance package and a broad range of treatments are discretionary or rationed. The Special Rapporteur heard plausible reports of cases of discretionary allocation of limited health-care resources away from disfavoured or marginalized groups, in particular Roma.

68. The State should improve its compulsory health insurance coverage and ensure that financial cost is not a barrier for persons living in poverty to access good quality health care and necessary pharmaceutical care, including non-emergency care. The Government must collect data regularly in order to inform improved service provision.

B. Right to education

69. The economic and demographic challenges facing the Republic of Moldova directly affect children's enjoyment of their right to education. Many parents and grandparents cannot send the children in their care to school for various reasons, including inaccessibility of schools in rural areas during winter and indirect and informal costs, for example for books, enrolment, food and clothing.

70. While preschool enrolment has recently improved, the gross enrolment rate in compulsory education dropped from 95.1 per cent in 2003 to 89.7 per cent in 2012.[42] In addition, increased emigration of families with children, combined with reduced birth rates, has resulted in a decrease in the overall number of pupils. That, together with budget constraints, prompted the Government to adopt "school optimization" measures, which have resulted in the closure of dozens of schools across the country,[43] posing a particular challenge for families in rural areas, especially those who cannot afford transportation costs. The enjoyment of the right to education has been further affected by the deteriorating quality of education, reportedly caused by the misallocation of funds in the education system and the emigration of qualified teaching staff.

71. Children with disabilities face challenges in exercising their right to education, due, inter alia, to the widespread lack of inclusive education provisions, lack of effective reasonable accommodation measures for children with disabilities to take part in mainstream education on an equal basis with other children, stigmatization, discrimination and lack of specialized transportation.

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[41] Ibid., p. 19.

[42] Republic of Moldova, *Third Report on Millennium Development Goals* (Chisinau, 2013), p. 36.

[43] Republic of Moldova, National Bureau of Statistics, *Education in the Republic of Moldova 2012/2013*, Statistical publication (Chisinau, 2013).

72. Similarly, problematic practices in education have been documented for Roma children. Unchecked ethnic bullying and lack of effective inclusion measures have led to poor attendance rates in some communities, while some segments of the impoverished Roma community also expressed shame about sending children to school without proper clothing or school materials and also reported an inability to meet the demands for informal payments requested by some school officials. Racial segregation remains a problem in some school districts.

73. The Special Rapporteur welcomes the efforts made by the Ministry of Education to address the above-mentioned issues. She is encouraged by the ongoing development of the National Education 2020 Strategy, which would include measures to improve access to preschool, improve school access in remote areas, increase the number of child-care facilities and integrate de-institutionalized children with disabilities into mainstream schools. However, the Special Rapporteur is concerned about the impact of the "school optimization" measures, which have resulted in sudden school closures in a number of communities, without adequate prior consultation with the affected communities, in accordance with international standards, and which severely affect the enjoyment of the right to education of children, in particular those living in remote areas.

C. Right to social security

74. The right to social security is an international human right, as set out in the International Covenant on Economic, Social and Cultural Rights, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. In its general comment No. 19 (2008) on the right to social security, the Committee on Economic, Social and Cultural Rights considers that States should take measures to establish social protection systems under domestic law, ensure their sustainability, ensure that benefits are adequate in amount and duration, and that the level of benefits and the form in which they are provided are in compliance with the principles of human dignity and non-discrimination. States are obliged to establish social protection systems with both contributory and non-contributory branches; for persons living in poverty, the latter is especially important.

75. More than 1 million people, including 650,000 pensioners, benefit from the Moldovan social protection system.[44] For the poorest families, social transfers often represent the only permanent income source, especially during winter months when income from agriculture is not available. In 2012, the compulsory health insurance system covered about 75 to 80 per cent of the population;[45] however, 96.3 per cent of patients reported having to make out-of-pocket payments for medical services,[46] and Roma were twice as likely as non-Roma to lack health insurance.[47]

76. The 2008 Law on Social Assistance removed predefined categories of welfare beneficiaries (categorical targeting) and introduced a means-tested targeting mechanism. The Special Rapporteur welcomes the fact that the Ajutor Social cash transfer programme, introduced in 2008, was expanded in 2010. The Special Rapporteur recalls her reports on

[44] UNDP, *National Human Development Report 2010/2011: Republic of Moldova–From Social Exclusion Towards Inclusive Human Development* (Chisinau, 2011), p. 7.

[45] WHO, "Barriers and facilitating factors" (see footnote 40), p. 11.

[46] Ibid. p. 16.

[47] Dotcho Mihailov, "The health situation of Roma communities: Analysis of the data from the UNDP/World Bank/EC Regional Roma Survey 2011", Roma Inclusion working papers (Bratislava, UNDP, 2012), p. 36.

the topic of social protection,[48] emphasizing that through universal programmes States are better able to satisfy their obligations under human rights law to ensure, to the greatest extent possible, the inclusion of all those in need, and to minimize any exclusion of those who must be reached and protected as a matter of priority, i.e. the poorest of the poor. When means-testing methods are used, active measures should be taken to ensure that the poorest of the poor are not excluded as a result of inaccurate targeting. When methods to identify the beneficiaries are complex and opaque, intended beneficiaries are unable to claim their entitlements or hold the administration of the programmes accountable for mistakes or errors.

77. According to information received, the Ajutor Social scheme only reaches approximately half of eligible households. The existing targeting and eligibility system creates unavoidable inequalities that are perceived as unfair by the population,[49] who have difficulties in understanding the means-testing formulas.[50] This results in some eligible households mistakenly believing that they are ineligible, as well as the reported disqualification of persons who evidently might need support.

78. Large rural families, for example, remain widely excluded under the means-tested targeting and are disadvantaged when it comes to the calculation of transfer amounts. The Roma also face problems in enrolling due to lack of identity documents and other factors. Application and enrolment entail opportunity and financial costs, due to time-consuming documentation requirements and the cost of transportation to regional centres to enrol, which discourages applications from the poorest families. In addition, families not receiving Ajutor Social cash transfers have experienced worsening poverty as coverage from other social transfers has been scaled back.[51] This underlines the need for a more comprehensive social protection system in the Republic of Moldova.

79. In principle, human rights standards are not compromised by the use of targeted schemes as a form of prioritization of the most disadvantaged groups, as long as they are implemented through a long-term strategy of progressively ensuring universal protection. Implementing an income or poverty targeted system introduces exclusion errors, as well as the possibility of corruption and stigmatization, because the selection of beneficiaries is a complex and often controversial process. The exclusion of rightful beneficiaries constitutes a violation of their right to social security.

80. There is a general lack of reliable and disaggregated data on social protection needs and impacts.[52] Indicators used to assess eligibility for social support seem to be unrelated to actual need. For example, the Special Rapporteur heard reports of persons disqualified from receiving social support as a result of owning arable land, even if they were obviously incapable of working the land, owing to age or infirmity.

D. Right to water and sanitation

81. As recognized by the Human Rights Council, the human right to safe drinking water and sanitation is derived from the right to an adequate standard of living, as set out in article 11 of the International Covenant on Economic, Social and Cultural Rights, and is

[48] See, inter alia: A/HRC/11/9, A/64/279, A/HRC/14/31, A/65/259 and A/HRC/17/34.

[49] *Ibid.*

[50] UNDP, *National Human Development Report 2012* (see footnote 2), p. 22.

[51] Thomas Otter and Natalia Vladicescu, "Impact of cash transfers on poverty and well-being of the most vulnerable families"(see footnote 3), pp. 5 and 15.

[52] United Nations–Republic of Moldova Partnership Framework 2013–2017 "Towards Unity in Action", p. 13.

inextricably related to the right to the highest attainable standard of physical and mental health, as well as the right to life and human dignity.[53]

82. In the Republic of Moldova, 62 per cent of the population enjoy access to safe drinking water and 56.6 per cent to improved sewage systems.[54] There is a striking discrepancy in access to public sewerage between urban (75.4 per cent) and rural (1.6 per cent) areas.

83. The Special Rapporteur visited rural areas during her mission and witnessed a widespread lack of running water and sanitation facilities. Villagers rely largely on wells, which become less accessible in the winter. In one village, the Special Rapporteur witnessed a dispute between neighbours over the use of a well, which had a very negative impact on an older woman caring for her minor granddaughter. The Special Rapporteur also visited Schinoasa village, a Roma community on the margins of the town of Tibirica in Calarasi County, which was fortunate to have had a brand new water pump installed. However, owing to the lack of electricity and funds for system connections, the pump remained unconnected for half of the community and only functioned intermittently. The Special Rapporteur calls upon the Government to take comprehensive measures to ensure water and sanitation facilities for all. She understands that discussions are ongoing as to the adoption of a new water and sanitation strategy.[55] The Special Rapporteur urges the Government to undertake the new strategy on the basis of a human rights approach.

VII. International assistance and cooperation

84. Despite the fact that the Republic of Moldova enjoys middle-income country status, the Special Rapporteur stresses that international cooperation is crucial.

85. In order to avoid protection gaps and eliminate negative impacts on the poorest and socially excluded population in the Transnistrian region, the international community, including international organizations and key donors, should maintain its support through technical advice and flexible, targeted and strategic funding.[56]

VIII. Conclusion and recommendations

86. **The Special Rapporteur commends the steps already taken by the Republic of Moldova to tackle poverty and inequality, to consider recommendations made by international human rights bodies and to improve the effectiveness of poverty reduction measures. However, as evidenced in the present report, considerable challenges remain, particularly with regard to increasing inequalities, ongoing large-scale emigration, lack of implementation of legislation and poverty-reduction policies, and the ongoing risk of corruption. In order to ensure a future in which the Republic of Moldova ceases to be the poorest country in Europe, immediate action must be taken to implement poverty-reduction strategies effectively and align them with human rights.**

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[53] Human Rights Council resolution 15/9, para. 3.

[54] Republic of Moldova, *Third Report on Millennium Development Goals* (Chisinau, 2013), p. 65.

[55] See Republic of Moldova, Judgement No. 662 of 13 June 2007 approving the Strategy on water supply and sewage. Available in Romanian only from http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=324182.

[56] Thomas Hammarberg, "Report on human rights in the Transnistrian region" (see footnote 25), p. 43.

87. **While the Special Rapporteur has made recommendations in each section of the report, she especially urges the Republic of Moldova to take the following steps to improve the enjoyment of rights by the poorest sectors of society.**

88. **With regard to the legal and institutional framework, the Special Rapporteur recommends that the Republic of Moldova:**

(a) Ratify the optional protocols to the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of Persons with Disabilities, and indicate a willingness to be bound by articles 21 and 22 of the Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment;

(b) Establish an independent national human rights institution in compliance with the Paris Principles;

(c) Formalize and fully institutionalize the post of the Ombudsperson for Psychiatry, ensuring that the mandate is fully independent, provide it with adequate resources from the State budget starting from 2014, and extend the mandate to cover residential institutions under the Ministry of Labour, Social Protection and the Family;

(d) Establish an independent monitoring body for the rights of persons with disabilities, as provided for in article 33, paragraph 2, of the Convention on the Rights of Persons with Disabilities, within the national Ombuds institution.

89. **With regard to the situation of groups particularly vulnerable to poverty, the Special Rapporteur recommends that the Republic of Moldova:**

Women and girls

(a) Ensure the effective implementation of gender equality policies and policies protecting women's rights, including the Law on Preventing and Combating Family Violence, the Law on Combating Trafficking, the Law on Ensuring Equality and the Law on Equal Opportunities for Men and Women, and ensure that the national plans of action to implement those laws have sufficient resources and clear mechanisms for monitoring, evaluation, accountability and redress in case of violation;

(b) Ensure adequate legal and social protection for women and girls subjected to gender-based violence and trafficking, including the adoption of emergency protection orders to complement the existing system of court-ordered protection, and amend the prosecutorial guidelines for the investigation of rape. The Special Rapporteur notes that the Committee on the Elimination of Discrimination against Women has recently made detailed recommendations in this area to the State;

(c) Put in place training, investigation and prosecution mechanisms in order to prevent, investigate and punish all acts of gender-based violence;

(d) Address and eliminate discrepancies in remuneration for women and men; encourage public and private employers to apply affirmative action (quota) policies for women in recruitment and create favourable conditions for women to take up positions traditionally occupied by men;

(e) Ensure the provision of skills development initiatives for women and take measures to support self-employment opportunities, especially in rural areas where employment opportunities are limited;

(f) Ensure enhanced access to comprehensive, affordable and high quality child care, including full day-care for all age groups of children, which would allow women to take up full-time employment;

(g) Include contraception in the basic insurance package and amend the Ministry of Health guidelines on contraceptive sterilization to bring them into conformity with international law; provide sexual and reproductive health counselling to women in institutions, as well as equal and effective access to contraception, according to the free and informed choice of the women concerned;

(h) Reform the pension system without delay to reduce factors that lead to old-age poverty for women, including by equalizing the retirement age; in addition, women employed in the informal sector must be given opportunities to qualify for an old-age pension;

Children and youth

(i) Ensure the full implementation of the reform of the residential care system for children, paying particular attention to children with disabilities, and put in place adequate reintegration programmes, including the establishment of a family substitute, family support services and community-based support services; strengthen community and family-based services for children at risk and their families to prevent institutionalization, exploitation, neglect and exposure to violence;

(j) Implement measures to mitigate the effects of parent emigration on children, including through the provision of support at the local level, training of caregivers and improved social support for affected children;

(k) Ensure the provision of adequate and nutritious meals during school hours to children from vulnerable and socially excluded families;

(l) Develop and implement inclusive education, health and social services, particularly at the community level, and ensure that services are accessible, including by the most vulnerable groups of children;

Older persons

(m) Ensure the effective implementation of the National Roadmap on Mainstreaming Ageing, including by allocating adequate resources, putting in place clear monitoring, evaluation and accountability mechanisms, and collecting disaggregated data;

(n) Take measures to adjust pension indexation so that it exceeds the minimum subsistence level and is commensurate with an amount necessary for an adequate standard of living, as provided for in the International Covenant on Economic, Social and Cultural Rights;

Persons with disabilities

(o) Close the psychiatric institution in Pavlovca village without further delay and integrate the persons institutionalized there into the community, providing them with the necessary support, in conformity with article 19 of the Convention on the Rights of Persons with Disabilities;

(p) Put in place national mechanisms to systematically monitor, receive complaints and initiate prosecutions in cases of allegations of ill-treatment in the context of medical care and medical institutions and take measures to ensure that all

patients, regardless of their mental health condition, have the possibility of submitting complaints against any abuse and mistreatment;

(q) Take measures to ensure that health-care personnel involved in psychiatric treatment receive human rights education and training, in particular on the Convention on the Rights of Persons with Disabilities; and promote a culture of respect for human integrity and dignity and diversity and the elimination of stigma;

(r) Take immediate steps to adopt policies and protocols that uphold autonomy, self-determination, access to legal recourse and human dignity for persons with disabilities, in line with the Convention on the Rights of Persons with Disabilities;

(s) Completely reform the guardianship laws as soon as possible by abolishing civil guardianship, and adopt legislation, such as the proposed new law on supported decision-making, that empowers to the fullest extent persons with disabilities in the exercise of their own will, autonomy and preferences, as provided for by the Convention on the Rights of Persons with Disabilities;

(t) Impose an absolute ban on all forced and non-consensual medical interventions with regard to persons with disabilities, including the non-consensual use of restraints and solitary confinement, both long- and short-term; and immediately fulfil the obligation to end forced psychiatric interventions based solely on grounds of disability, in line with international human rights standards.

90. **With regard to the Roma population, the Special Rapporteur recommends that the Rrepublic of Moldova:**

(a) Establish mechanisms to ensure that the stigmatization of and discrimination towards the Roma are eradicated in both the public and private sectors, including through training for public service providers and effective accountability and redress mechanisms;

(b) Ensure that the physical infrastructure required for adequate housing is in place for all members of society, and for Roma communities in particular;

(c) Work with relevant United Nations agencies and with community groups to assess the needs of those living without adequate housing and develop the necessary mechanisms to support upgrading projects, including affordable financing for house construction or improvements;

(d) Ensure access to information for the Roma minority, through channels that are physically accessible and culturally acceptable to them;

(e) Introduce affirmative action to ensure the inclusion of Roma representatives in public and political life;

(f) Ensure that the selection of mediators in Roma communities is based on the principles of transparency, meaningful and effective participation of the relevant communities, access to information and accountability, and provide adequate resources for the implementation and monitoring of all policies aimed at ensuring that Roma can enjoy their rights on an equal basis with the rest of the population;

(g) Intensify efforts aimed at de-segregating schools and school districts throughout the country.

91. **With regard to people living in the Transnistrian region, the Special Rapporteur calls on the de facto authorities of the Transnistrian region, the Government of the Republic of Moldova and the international community, to address the recommendations contained in the report of the United Nations Senior Expert on human rights in the Transnistrian region[57] in a comprehensive manner, and to act without delay towards their implementation.**

92. **With regard to challenges to the enjoyment of specific rights by persons living in poverty, the Special Rapporteur encourages the Government to:**

Comprehensive, rights-based social security and protection

(a) Ensure that the right to social security is established and defined by law, supported by a long-term strategy and reinforced by an appropriate and adequately funded long-term institutional framework;

(b) Ensure equity and access to services, without discrimination, and take positive action to enable access by persons who suffer from structural discrimination, such as women, persons with disabilities, the Roma minority and older persons;

(c) Develop and collect data, disaggregated by gender, age, ethnicity and disability, in order to monitor and evaluate social protection programmes;

(d) Expand the Ajutor Social programme, ensure it reaches all persons and families in need and, in particular, take appropriate measures to ensure it reaches the poorest rural households;

(e) Critically assess the targeting and eligibility mechanisms, in particular proxy means testing methodologies, through broad consultation with all stakeholders, including the general population, and on the basis of independent and evidence-based reports;

(f) Implement a new information campaign on the Ajutor Social programme, its eligibility criteria and transfer amounts;

(g) Reduce the financial and opportunity costs of applying to the programme for the poorest households, for example, by simplifying the application form, conducting local enrolment drives and covering travel costs of applicants; also provide assistance to the most vulnerable potential beneficiary groups who face barriers to enrolment, such as Roma families without identification documentation;

(h) Complement the Ajutor Social programme with other social and public services, such as preschool education and accessible health services for the poorest families, and ensure that such services are accessible, in practice, for persons with disabilities;

(i) Ensure that benefits are adequate in terms of amount and duration, and that they are provided in a form that is in compliance with the principles of human dignity and non-discrimination;

Right to water and sanitation

(j) Develop and implement a new water and sanitation plan of action, consistent with the human rights obligations of the Republic of Moldova and, in particular, with Committee on Economic, Social and Cultural Rights general comment No. 15 (2003) on the right to water, including specific funding, a timeline for

[57] Ibid.

implementation and clearly delineated responsibilities; also foresee the creation of an independent regulatory institution for water and sanitation and ensure full consultation with concerned stakeholders on the development of the plan of action;

(k) Develop sanitation subsidies for the poorest segments of the population;

(l) Undertake nationwide water-quality testing in a systematic, regular and coordinated fashion;

Right to education

(m) Eradicate school segregation as a matter of the highest priority and intensify efforts to integrate Roma children and children with disabilities into mainstream, high quality schools;

(n) Review the "school optimization" policies and enhance the involvement of communities in the consultation and decision-making processes;

(o) Monitor the accessibility of schools for children living in remote areas, repair or build roads leading to schools and ensure public transportation between remote areas and schools;

(p) Ensure adequate financing of the compulsory education sector, so that children from disadvantaged families are not hindered in their access to education and parents do not have to make out-of-pocket informal payments.

Right to health

(q) Proactively ensure that good quality health facilities, goods and services are accessible by and affordable for everyone, especially the most vulnerable or marginalized sections of the population, without discrimination;

(r) Take immediate measures to ensure that the right to free and informed consent is fully respected in all health-care contexts (with the exception of life-threatening emergencies) on an equal basis for all individuals, without exception, and amend rules and practices with regard to contraceptive sterilization without delay to ensure that sterilization is only undertaken in full compliance with international law;

(s) Train doctors, judges, prosecutors and police on the standards regarding free and informed consent for all patients, without discrimination of any kind, and ensure that instances of treatment without informed consent are investigated and redress is provided to victims of such treatment;

(t) Revise the legal provisions that allow detention on the ground of mental health or in mental health facilities and coercive interventions or treatment in a mental health setting, without the free and informed consent of the person concerned;

(u) Conduct prompt, impartial and thorough investigations into all allegations of ill-treatment in health-care settings, in line with the international human rights obligations of the Republic of Moldova; prosecute and take action against perpetrators; and provide victims with effective remedy and redress;

(v) Ensure that information on health (including sexual and reproductive health) goods and services is fully available, acceptable, accessible and of good quality, and that such information is imparted in a manner that is accessible to the poorest and most marginalized members of society;

(w) Ensure without delay that medicines required for persons with cystic fibrosis and similar rare diseases are available and affordable in practice.